



HEALTH ANNUAL STATEMENT  
FOR THE YEAR ENDING DECEMBER 31, 2005  
OF THE CONDITION AND AFFAIRS OF THE

Nearighborhood Health Plan of Rhode Island

NAIC Group Code

(Current Period)

NAIC Company Code

95402

Employer's ID Number

05-0477052

Organized under the Laws of

Rhode Island

, State of Domicile or Port of Entry

Rhode Island

Country of Domicile

United States of America

Licensed as business type:

Life, Accident & Health [ ]

Property/Casualty [ ]

Dental Service Corporation [ ]

Vision Service Corporation [ ]

Other [ ]

Health Maintenance Organization [ X ]

Hospital, Medical & Dental Service or Indemnity [ ]

Is HMO, Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized

12/09/1993

Commenced Business

12/01/1994

Statutory Home Office

299 Promenade Street

(Street and Number)

Providence, RI 02908

(City or Town, State and Zip Code)

Main Administrative Office

299 Promenade Street

(Street and Number)

Providence, RI 02908

(City or Town, State and Zip Code)

401-459-6000

(Area Code) (Telephone Number)

Mail Address

299 Promenade Street

(Street and Number or P.O. Box)

Providence, RI 02908

(City or Town, State and Zip Code)

Primary Location of Books and Records

299 Promenade Street

(Street and Number)

Providence, RI 02908

(City or Town, State and Zip Code)

401-459-6000

(Area Code) (Telephone Number)

Internet Website Address

http://www.nhpri.org/

Statutory Statement Contact

Richard J Silva

(Name)

404-459-6663

(Area Code) (Telephone Number) (Extension)

rsilva@nhpri.org

(E-mail Address)

404-459-6175

(FAX Number)

Policyowner Relations Contact

299 Promenade Street

(Street and Number)

Providence, RI 02908

(City or Town, State and Zip Code)

401-459-6000

(Area Code) (Telephone Number) (Extension)

OFFICERS

Name	Title	Name	Title
Ernest Anthony Balasco	Chairman	Raymond Joseph Lavoie	Vice Chairman
Merrill Thomas	Treasurer	Maria Montanaro	Secretary

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Maria Montanaro	Michael Vincent Frazier	Merrill Thomas	Dennis Michael Roy
Karen Voci	Peter John Bancroft	Nancy Turnbull	Kerry Clark Jones
Anthony Anthony Balasco	Raymond Joseph Lavoie	William Hochstrasser-Walsh	Joseph Nagle
Jennifer Hosmer MD	Mark E. Reynolds #		

State of .....Rhode Island.....  
County of .....Providence.....

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The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Ernest Balasco

Chairman (December 31, 2005)

Maria Montanaro

Secretary (December 31, 2005)

Merrill Thomas

Treasurer (December 31, 2005)

Subscribed and sworn to before me this

day of

a. Is this an original filing? Yes [ X ] No [ ]

b. If no,

1. State the amendment number

2. Date filed 03/01/2006

3. Number of pages attached

Michelle Tetreault  
Controller, Notary Public  
09/13/2009

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

# ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

### EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

Aging Analysis of Unpaid Claims						
1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
Claims Unpaid (Reported)						
Women and Infants Hospital.....	1,015,749	2,929	2,712	(300)	3,470	1,024,560
RI Hospital.....	978,901	.0	(2,433)	625	1,595	978,688
Memorial Hospital.....	242,039	(2)	(136)	(105)	(514)	241,282
Landmark Hospital.....	213,432	.0	0		(208)	213,224
Miriam Hospital.....	106,604	.0	2,037		158	108,799
St. Joseph Hospital of RI.....	85,500	.0			322	85,822
Kent County Memorial Hospital.....	83,312	148			524	83,984
South County Hospital.....	80,651	.0	84		623	81,358
Childrens Hospital.....	75,221	98				75,319
Rober Williams Hospital.....	71,013	.0				71,013
The Westerly Hospital.....	39,465	8,940	18,687	281		67,373
RIH PCP Clinic.....	65,280	.0				65,280
Providence Community Health Center.....	56,537	132	(42)	68	1,880	58,575
Newport Hospital.....	55,989	.0		(529)	184	55,644
Women Primary Care Center.....	54,167	174		474	32	54,847
RI Medical Imaging.....	43,395	.0		23	153	43,571
Women Care Inc.....	38,130	2,032				40,162
RI Hospital Specialty Clinic.....	35,948	211				36,159
Thundermist Health Center.....	31,735	74			55	31,864
Pawtuxet Valley Infusion.....	30,344					30,344
RI Hospital Pediatric Practice Plan.....	26,786				274	27,060
Meeting Street Early Intervention.....	25,200				42	25,242
St. Joseph Health Services.....	25,004				52	25,056
MNA of RI.....	23,590					23,590
Blackstone Valley Community Health Cntr.....	23,922			(1,925)		21,997
Central Region Early Intervention.....	20,824					20,824
Renaissance Medical Group.....	20,835	(41)		(19)		20,775
University EmergencyMedicine.....	19,217	345	(86)	104	(133)	19,447
Anesthesiology Inc.....	17,560				680	18,240
Childrens Friends and Service.....	16,855					16,855
East Side Clinical Lab.....	16,282	77		59		16,418
Memorial Hospital Specialty Clinic.....	15,431					15,431
St. Joseph OB/GYN Clinic.....	13,231					13,231
Denmark HME.....	12,616	307				12,923
Open MRI of New England.....	12,682					12,682
Women and Infants Specialty Clinic.....	12,432				31	12,463
Family Resources Inc.....	11,585					11,585
Westminster Eyecare.....	11,635	(58)		(108)	(80)	11,389
University Pediatrics.....	10,245	205				10,450
Capital Improvement Fund/DHS Pass Thru.....	(47,342)	112,677	40,654	(345,644)	876,452	636,797
0199999 Individually listed claims unpaid.....	3,692,002	128,248	61,477	(346,996)	885,592	4,420,323
0299999 Aggregate accounts not individually listed-uncovered.....	634,483	6,810	1,211	(852)	851	642,503
0399999 Aggregate accounts not individually listed-covered.....						0
0499999 Subtotals.....	4,326,485	135,058	62,688	(347,848)	886,443	5,062,826
0599999 Unreported claims and other claim reserves.....						11,554,410
0699999 Total amounts withheld.....						
0799999 Total claims unpaid.....						16,617,236
0899999 Accrued medical incentive pool and bonus amounts.....						274,340

Exhibit 5 - Amounts Due From Parent, Subs

NONE

Exhibit 6 - Amounts Due To Parent, Subs

NONE

## EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

# NONE

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment .....	20,665,067		197,767		11,884	0
2. Medical furniture, equipment and fixtures .....						
3. Pharmaceuticals and surgical supplies .....						
4. Durable medical equipment .....						
5. Other property and equipment						
6. Total	20,665,067	0	197,767	0	11,884	0



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Neighborhood Health Plan of Rhode Island 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Rhode Island			DURING THE YEAR 2005							NAIC Company Code		
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year .....	68,206								68,206				
2. First Quarter .....	68,116								68,116				
3. Second Quarter .....	68,024								68,024				
4. Third Quarter .....	67,912								67,912				
5. Current Year	68,413								68,413				
6. Current Year Member Months	817,315							0	817,315				
Total Member Ambulatory Encounters for Year:													
7. Physician .....	416,413							0	416,413				
8. Non-Physician .....	59,902							0	59,902				
9. Total	476,315	0	0	0	0	0	0	0	476,315	0	0	0	0
10. Hospital Patient Days Incurred	32,155							0	32,155				
11. Number of Inpatient Admissions	23,968							0	23,968				
12. Health Premiums Written .....	168,777,821							0	168,777,821				
13. Life Premiums Direct .....	0												
14. Property/Casualty Premiums Written .....	0												
15. Health Premiums Earned .....	168,777,821							0	168,777,821				
16. Property/Casualty Premiums Earned .....	0												
17. Amount Paid for Provision of Health Care Services .....	148,681,886							0	148,681,886				
18. Amount Incurred for Provision of Health Care Services	149,990,416		(23,466)					0	150,013,882				

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products





ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Neighborhood Health Plan of Rhode Island 2. (LOCATION)

NAIC Group Code	BUSINESS IN THE STATE OF Consolidated			DURING THE YEAR 2005							NAIC Company Code		95402
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	11	12	13
		2	3										
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other
Total Members at end of:													
1. Prior Year .....	68,206	0	0	0	0	0	0	0	68,206	0	0	0	0
2. First Quarter .....	68,116	0	0	0	0	0	0	0	68,116	0	0	0	0
3. Second Quarter .....	68,024	0	0	0	0	0	0	0	68,024	0	0	0	0
4. Third Quarter .....	67,912	0	0	0	0	0	0	0	67,912	0	0	0	0
5. Current Year	68,413	0	0	0	0	0	0	0	68,413	0	0	0	0
6. Current Year Member Months	817,315	0	0	0	0	0	0	0	817,315	0	0	0	0
Total Member Ambulatory Encounters for Year:													
7. Physician .....	416,413	0	0	0	0	0	0	0	416,413	0	0	0	0
8. Non-Physician .....	59,902	0	0	0	0	0	0	0	59,902	0	0	0	0
9. Total	476,315	0	0	0	0	0	0	0	476,315	0	0	0	0
10. Hospital Patient Days Incurred	32,155	0	0	0	0	0	0	0	32,155	0	0	0	0
11. Number of Inpatient Admissions	23,968	0	0	0	0	0	0	0	23,968	0	0	0	0
12. Health Premiums Written .....	168,777,821	0	0	0	0	0	0	0	168,777,821	0	0	0	0
13. Life Premiums Direct .....	0	0	0	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written .....	0	0	0	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned .....	168,777,821	0	0	0	0	0	0	0	168,777,821	0	0	0	0
16. Property/Casualty Premiums Earned .....	0	0	0	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services .....	148,681,886	0	0	0	0	0	0	0	148,681,886	0	0	0	0
18. Amount Incurred for Provision of Health Care Services	149,990,416	0	(23,466)	0	0	0	0	0	150,013,882	0	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

SCHEDULE A - VERIFICATION BETWEEN YEARS

Real Estate

1. Book/adjusted carrying value, December 31, prior year.....	0
2. Increase (decrease) by adjustment:	
2.1 Totals, Part 1, Column 11 .....	0
2.2 Totals, Part 3, Column 7 .....	0
3. Cost of acquired, (Totals, Part 2, Column 6, net of encumbrances (Column 7) and net of additions and permanent improvements (Column 9) .....	0
4. Cost of additions and permanent improvements:	
4.1 Totals, Part 1, Column 14.....	0
4.2 Totals, Part 3, Column 9 .....	0
5. Total profit (loss) on sales, Part 3, Column 14 .....	0
6. Increase (decrease) by foreign exchange adjustment:	
6.1 Totals, Part 1, Column 12.....	0
6.2 Totals, Part 3, Column 8 .....	0
7. Amounts received on sales, Part 3, Column 11 and Part 1, Column 13 .....	0
8. Book/adjusted carrying value at end of current period .....	0
9. Total valuation allowance .....	
10. Subtotal (Lines 8 plus 9) .....	0
11. Total nonadmitted amounts .....	
12. Statement value, current period (Page 2, real estate lines, Net Admitted Assets column) .....	0

SCHEDULE B - VERIFICATION BETWEEN YEARS

Mortgage Loans

1. Book value/recorded investment excluding accrued interest of mortgages owned, December 31 of prior year .....	0
2. Amount loaned during year:	
2.1 Actual cost at time of acquisitions .....	
2.2 Additional investment made after acquisitions .....	0
3. Accrual of discount and mortgage interest points and commitment fees .....	
4. Increase (decrease) by adjustment .....	
5. Total profit (loss) on sale .....	
6. Amounts paid on account or in full during the year .....	
7. Amortization of premium .....	
8. Increase (decrease) by foreign exchange adjustment .....	
9. Book value/recorded investment excluding accrued interest on mortgages owned at end of current period .....	0
10. Total valuation allowance .....	
11. Subtotal (Lines 9 plus 10) .....	0
12. Total nonadmitted amounts .....	
13. Statement value of mortgages owned at end of current period (Page 2, mortgage lines, Net Admitted Assets column).....	0

SCHEDULE BA - VERIFICATION BETWEEN YEARS

Long-Term Invested Assets

1. Book/adjusted carrying value of long-term invested assets owned, December 31 of prior year .....	0
2. Cost of acquisitions during year:	
2.1 Actual cost at time of acquisitions .....	
2.2 Additional investment made after acquisitions .....	0
3. Accrual of discount .....	
4. Increase (decrease) by adjustment .....	
5. Total profit (loss) on sale .....	0
6. Amounts paid on account or in full during the year .....	
7. Amortization of premium .....	
8. Increase (decrease) by foreign exchange adjustment .....	
9. Book/adjusted carrying value of long-term invested assets at end of current period .....	0
10. Total valuation allowance .....	
11. Subtotal (Lines 9 plus 10) .....	0
12. Total nonadmitted amounts .....	
13. Statement value of long-term invested assets at end of current period (Page 2, Line 7, Column 3).....	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
1. U.S. Governments, Schedules D & DA (Group 1)											
1.1 Class 1 .....	14,297,699	11,695,811	444,967			26,438,477	81.1	12,329,645	63.1	26,438,477	
1.2 Class 2 .....						0	0.0	0	0.0		
1.3 Class 3 .....						0	0.0	0	0.0		
1.4 Class 4 .....						0	0.0	0	0.0		
1.5 Class 5 .....						0	0.0	0	0.0		
1.6 Class 6 .....						0	0.0	0	0.0		
1.7 Totals	14,297,699	11,695,811	444,967	0	0	26,438,477	81.1	12,329,645	63.1	26,438,477	0
2. All Other Governments, Schedules D & DA (Group 2)											
2.1 Class 1 .....						0	0.0	0	0.0		
2.2 Class 2 .....						0	0.0	0	0.0		
2.3 Class 3 .....						0	0.0	0	0.0		
2.4 Class 4 .....						0	0.0	0	0.0		
2.5 Class 5 .....						0	0.0	0	0.0		
2.6 Class 6 .....						0	0.0	0	0.0		
2.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
3. States, Territories and Possessions etc., Guaranteed, Schedules D & DA (Group 3)											
3.1 Class 1 .....						0	0.0	0	0.0		
3.2 Class 2 .....						0	0.0	0	0.0		
3.3 Class 3 .....						0	0.0	0	0.0		
3.4 Class 4 .....						0	0.0	0	0.0		
3.5 Class 5 .....						0	0.0	0	0.0		
3.6 Class 6 .....						0	0.0	0	0.0		
3.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D & DA (Group 4)											
4.1 Class 1 .....						0	0.0	0	0.0		
4.2 Class 2 .....						0	0.0	0	0.0		
4.3 Class 3 .....						0	0.0	0	0.0		
4.4 Class 4 .....						0	0.0	0	0.0		
4.5 Class 5 .....						0	0.0	0	0.0		
4.6 Class 6 .....						0	0.0	0	0.0		
4.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
5. Special Revenue & Special Assessment Obligations etc., Non-Guaranteed, Schedules D & DA (Group 5)											
5.1 Class 1 .....						0	0.0	0	0.0		
5.2 Class 2 .....						0	0.0	0	0.0		
5.3 Class 3 .....						0	0.0	0	0.0		
5.4 Class 4 .....						0	0.0	0	0.0		
5.5 Class 5 .....						0	0.0	0	0.0		
5.6 Class 6 .....						0	0.0	0	0.0		
5.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

Quality Rating per the NAIC Designation	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed (a)
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Class 1 .....						.0	.0.0	.0	.0.0		
6.2 Class 2 .....						.0	.0.0	.0	.0.0		
6.3 Class 3 .....						.0	.0.0	.0	.0.0		
6.4 Class 4 .....						.0	.0.0	.0	.0.0		
6.5 Class 5 .....						.0	.0.0	.0	.0.0		
6.6 Class 6 .....						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Class 1 .....	856,050	5,094,214	203,844			6,154,108	18.9	7,216,589	36.9	6,154,108	
7.2 Class 2 .....						.0	0.0	.0	0.0		
7.3 Class 3 .....						.0	0.0	.0	0.0		
7.4 Class 4 .....						.0	0.0	.0	0.0		
7.5 Class 5 .....						.0	0.0	.0	0.0		
7.6 Class 6 .....						0	0.0	0	0.0		
7.7 Totals	856,050	5,094,214	203,844	0	0	6,154,108	18.9	7,216,589	36.9	6,154,108	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Class 1 .....						.0	0.0	.0	0.0		
8.2 Class 2 .....						.0	0.0	.0	0.0		
8.3 Class 3 .....						.0	0.0	.0	0.0		
8.4 Class 4 .....						.0	0.0	.0	0.0		
8.5 Class 5 .....						.0	0.0	.0	0.0		
8.6 Class 6 .....						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parent, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Class 1 .....						.0	0.0	.0	0.0		
9.2 Class 2 .....						.0	0.0	.0	0.0		
9.3 Class 3 .....						.0	0.0	.0	0.0		
9.4 Class 4 .....						.0	0.0	.0	0.0		
9.5 Class 5 .....						.0	0.0	.0	0.0		
9.6 Class 6 .....						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Col. 6 as a % of Line 10.7	Total from Col. 6 Prior Year	% From Col. 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
10. Total Bonds Current Year											
10.1 Class 1 .....	15,153,749	16,790,025	648,811	.0	.0	32,592,585	100.0	XXX	XXX	32,592,585	.0
10.2 Class 2 .....	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.3 Class 3 .....	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.4 Class 4 .....	.0	.0	.0	.0	.0	.0	0.0	XXX	XXX	.0	.0
10.5 Class 5 .....	.0	.0	.0	.0	.0	(c) .0	0.0	XXX	XXX	.0	.0
10.6 Class 6 .....	.0	.0	.0	.0	.0	(c) .0	0.0	XXX	XXX	.0	.0
10.7 Totals .....	15,153,749	16,790,025	648,811	.0	.0	(b) 32,592,585	100.0	XXX	XXX	32,592,585	.0
10.8 Line 10.7 as a % of Col. 6	46.5	51.5	2.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Class 1 .....	8,190,342	11,355,892	.0	.0	.0	XXX	XXX	19,546,234	100.0	19,546,234	.0
11.2 Class 2 .....	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.3 Class 3 .....	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.4 Class 4 .....	.0	.0	.0	.0	.0	XXX	XXX	.0	0.0	.0	.0
11.5 Class 5 .....	.0	.0	.0	.0	.0	XXX	XXX	(c) .0	0.0	.0	.0
11.6 Class 6 .....	.0	.0	.0	.0	.0	XXX	XXX	(c) .0	0.0	.0	.0
11.7 Totals .....	8,190,342	11,355,892	.0	.0	.0	XXX	XXX	(b) 19,546,234	100.0	19,546,234	.0
11.8 Line 11.7 as a % of Col. 8	41.9	58.1	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Class 1 .....	15,153,749	16,790,025	648,811			32,592,585	100.0	19,546,234	100.0	32,592,585	XXX
12.2 Class 2 .....						.0	0.0	.0	0.0	.0	XXX
12.3 Class 3 .....						.0	0.0	.0	0.0	.0	XXX
12.4 Class 4 .....						.0	0.0	.0	0.0	.0	XXX
12.5 Class 5 .....						.0	0.0	.0	0.0	.0	XXX
12.6 Class 6 .....						0	0.0	0	0.0	0	XXX
12.7 Totals .....	15,153,749	16,790,025	648,811	.0	.0	32,592,585	100.0	19,546,234	100.0	32,592,585	XXX
12.8 Line 12.7 as a % of Col. 6	46.5	51.5	2.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	46.5	51.5	2.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Class 1 .....						.0	0.0	.0	0.0	XXX	.0
13.2 Class 2 .....						.0	0.0	.0	0.0	XXX	.0
13.3 Class 3 .....						.0	0.0	.0	0.0	XXX	.0
13.4 Class 4 .....						.0	0.0	.0	0.0	XXX	.0
13.5 Class 5 .....						.0	0.0	.0	0.0	XXX	.0
13.6 Class 6 .....						0	0.0	0	0.0	XXX	0
13.7 Totals .....	.0	.0	.0	.0	.0	.0	0.0	.0	0.0	XXX	.0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0

(a) Includes \$ ..... freely tradable under SEC Rule 144 or qualified for resale under SEC Rule 144A.  
(b) Includes \$ ..... current year, \$ ..... prior year of bonds with Z designations and \$ ..... , current year, \$ ..... prior year of bonds with Z\* designations. The letter “Z” means the NAIC designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. “Z\*” means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.  
(c) Includes \$ ..... current year, \$ ..... prior year of bonds with 5\* designations and \$ ..... , current year, \$ ..... prior year of bonds with 6\* designations. “5\*” means the NAIC designation was assigned by the SVO in reliance on the insurer’s certification that the issuer is current in all principal and interest payments. “6\*” means the NAIC designation was assigned by the SVO due to inadequate certification of principal and interest payments.

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>1. U.S. Governments, Schedules D &amp; DA (Group 1)</b>											
1.1 Issuer Obligations .....	14,297,699	11,695,811	444,967			26,438,477	81.1	12,329,645	63.1	26,438,477	
1.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
1.7 Totals .....	14,297,699	11,695,811	444,967	0	0	26,438,477	81.1	12,329,645	63.1	26,438,477	0
<b>2. All Other Governments, Schedules D &amp; DA (Group 2)</b>											
2.1 Issuer Obligations .....						0	0.0	0	0.0		
2.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....											
2.3 Defined .....						0	0.0	0	0.0		
2.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....											
2.5 Defined .....						0	0.0	0	0.0		
2.6 Other .....						0	0.0	0	0.0		
2.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>3. States, Territories, and Possessions Guaranteed, Schedules D &amp; DA (Group 3)</b>											
3.1 Issuer Obligations .....						0	0.0	0	0.0		
3.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....											
3.3 Defined .....						0	0.0	0	0.0		
3.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....											
3.5 Defined .....						0	0.0	0	0.0		
3.6 Other .....						0	0.0	0	0.0		
3.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D &amp; DA (Group 4)</b>											
4.1 Issuer Obligations .....						0	0.0	0	0.0		
4.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....											
4.3 Defined .....						0	0.0	0	0.0		
4.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....											
4.5 Defined .....						0	0.0	0	0.0		
4.6 Other .....						0	0.0	0	0.0		
4.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>5. Special Revenue &amp; Special Assessment Obligations etc., Non-Guaranteed, Schedules D &amp; DA (Group 5)</b>											
5.1 Issuer Obligations .....						0	0.0	0	0.0		
5.2 Single Class Mortgage-Backed/Asset-Backed Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES .....											
5.3 Defined .....						0	0.0	0	0.0		
5.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET- BACKED SECURITIES .....											
5.5 Defined .....						0	0.0	0	0.0		
5.6 Other .....						0	0.0	0	0.0		
5.7 Totals .....	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total from Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
<b>6. Public Utilities (Unaffiliated), Schedules D &amp; DA (Group 6)</b>											
6.1 Issuer Obligations .....						0	0.0	0	0.0		
6.2 Single Class Mortgage-Backed/Asset-Based Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
6.3 Defined .....						0	0.0	0	0.0		
6.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
6.5 Defined .....						0	0.0	0	0.0		
6.6 Other .....						0	0.0	0	0.0		
6.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>7. Industrial &amp; Miscellaneous (Unaffiliated), Schedules D &amp; DA (Group 7)</b>											
7.1 Issuer Obligations .....	856,050	5,094,214	203,844			6,154,108	18.9	7,216,589	36.9	6,154,108	
7.2 Single Class Mortgage-Backed/Asset-Based Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
7.3 Defined .....						0	0.0	0	0.0		
7.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
7.5 Defined .....						0	0.0	0	0.0		
7.6 Other .....						0	0.0	0	0.0		
7.7 Totals	856,050	5,094,214	203,844	0	0	6,154,108	18.9	7,216,589	36.9	6,154,108	0
<b>8. Credit Tenant Loans, Schedules D &amp; DA (Group 8)</b>											
8.1 Issuer Obligations .....						0	0.0	0	0.0		
8.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0
<b>9. Parents, Subsidiaries and Affiliates, Schedules D &amp; DA (Group 9)</b>											
9.1 Issuer Obligations .....						0	0.0	0	0.0		
9.2 Single Class Mortgage-Backed/Asset-Based Securities .....						0	0.0	0	0.0		
MULTI-CLASS RESIDENTIAL MORTGAGE- BACKED SECURITIES											
9.3 Defined .....						0	0.0	0	0.0		
9.4 Other .....						0	0.0	0	0.0		
MULTI-CLASS COMMERCIAL MORTGAGE- BACKED/ASSET-BACKED SECURITIES											
9.5 Defined .....						0	0.0	0	0.0		
9.6 Other .....						0	0.0	0	0.0		
9.7 Totals	0	0	0	0	0	0	0.0	0	0.0	0	0

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Type and Subtype of Issues

Distribution by Type	1 1 Year or Less	2 Over 1 Year Through 5 Years	3 Over 5 Years Through 10 Years	4 Over 10 Years Through 20 Years	5 Over 20 Years	6 Total Current Year	7 Col. 6 as a % of Line 10.7	8 Total From Col. 6 Prior Year	9 % From Col. 7 Prior Year	10 Total Publicly Traded	11 Total Privately Placed
10. Total Bonds Current Year											
10.1 Issuer Obligations	15,153,749	16,790,025	648,811	0	0	32,592,585	100.0	XXX	XXX	32,592,585	0
10.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
10.3 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.4 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
10.5 Defined	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.6 Other	0	0	0	0	0	0	0.0	XXX	XXX	0	0
10.7 Totals	15,153,749	16,790,025	648,811	0	0	32,592,585	100.0	XXX	XXX	32,592,585	0
10.8 Line 10.7 as a % of Col. 6	46.5	51.5	2.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	0.0
11. Total Bonds Prior Year											
11.1 Issuer Obligations	8,190,342	11,355,892	0	0	0	XXX	XXX	19,546,234	100.0	19,546,234	0
11.2 Single Class Mortgage-Backed/Asset-Backed Securities	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
11.3 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.4 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
11.5 Defined	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.6 Other	0	0	0	0	0	XXX	XXX	0	0.0	0	0
11.7 Totals	8,190,342	11,355,892	0	0	0	XXX	XXX	19,546,234	100.0	19,546,234	0
11.8 Line 11.7 as a % of Col. 8	41.9	58.1	0.0	0.0	0.0	XXX	XXX	100.0	XXX	100.0	0.0
12. Total Publicly Traded Bonds											
12.1 Issuer Obligations	15,153,749	16,790,025	648,811			32,592,585	100.0	19,546,234	100.0	32,592,585	XXX
12.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	0	XXX
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
12.3 Defined						0	0.0	0	0.0	0	XXX
12.4 Other						0	0.0	0	0.0	0	XXX
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
12.5 Defined						0	0.0	0	0.0	0	XXX
12.6 Other						0	0.0	0	0.0	0	XXX
12.7 Totals	15,153,749	16,790,025	648,811	0	0	32,592,585	100.0	19,546,234	100.0	32,592,585	XXX
12.8 Line 12.7 as a % of Col. 6	46.5	51.5	2.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
12.9 Line 12.7 as a % of Line 10.7, Col. 6, Section 10	46.5	51.5	2.0	0.0	0.0	100.0	XXX	XXX	XXX	100.0	XXX
13. Total Privately Placed Bonds											
13.1 Issuer Obligations						0	0.0	0	0.0	XXX	0
13.2 Single Class Mortgage-Backed/Asset-Backed Securities						0	0.0	0	0.0	XXX	0
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES											
13.3 Defined						0	0.0	0	0.0	XXX	0
13.4 Other						0	0.0	0	0.0	XXX	0
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES											
13.5 Defined						0	0.0	0	0.0	XXX	0
13.6 Other						0	0.0	0	0.0	XXX	0
13.7 Totals	0	0	0	0	0	0	0.0	0	0.0	XXX	0
13.8 Line 13.7 as a % of Col. 6	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0
13.9 Line 13.7 as a % of Line 10.7, Col. 6, Section 10	0.0	0.0	0.0	0.0	0.0	0.0	XXX	XXX	XXX	XXX	0.0



SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments					
	1	2	3	4	5
	Total	Bonds	Mortgage Loans	Other Short-term Investment Assets(a)	Investments in Parent, Subsidiaries and Affiliates
1. Book/adjusted carrying value, prior year .....	8,190,342	8,190,342	0	0	0
2. Cost of short-term investments acquired .....	16,274,684	16,274,684			
3. Increase (decrease) by adjustment .....	219,485	219,485			
4. Increase (decrease) by foreign exchange adjustment .....	0				
5. Total profit (loss) on disposal of short-term investments .....	0				
6. Consideration received on disposal of short-term investments .....	13,085,000	13,085,000			
7. Book/adjusted carrying value, current year .....	11,599,511	11,599,511	0	0	0
8. Total valuation allowance .....	0				
9. Subtotal (Lines 7 plus 8) .....	11,599,511	11,599,511	0	0	0
10. Total nonadmitted amounts .....	0				
11. Statement value (Lines 9 minus 10) .....	11,599,511	11,599,511	0	0	0
12. Income collected during year .....	0				
13. Income earned during year .....	0				

(a) Indicate the category of such assets, for example, joint ventures, transportation equipment: .....

Schedule DB - Part A - VBY  
**NONE**

Schedule DB - Part B - VBY  
**NONE**

Schedule DB - Part C - VBY  
**NONE**

Schedule DB - Part D - VBY  
**NONE**

Schedule DB - Part E - VBY  
**NONE**

Schedule DB - Part F - Section 1  
**NONE**

Schedule DB - Part F - Section 2  
**NONE**

Schedule S - Part 1 - Section 2  
**NONE**

## ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

## SCHEDULE S - PART 2

**Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year**

[illegible]

## 46

## 46

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# ANNUAL STATEMENT FOR THE YEAR 2005 OF THE Neighborhood Health Plan of Rhode Island

## SCHEDULE S - PART 4

### Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5  
Five-Year Exhibit of Reinsurance Ceded Business  
(000 Omitted)

	1 2005	2 2004	3 2003	4 2002	5 2001
<b>A. OPERATIONS ITEMS</b>					
1. Premiums.....	0	8	6	188	4
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	1,063	1,168	1,188	887	628
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	219	41	0	12	606
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
<b>C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6  
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10) .....	52,149,903		52,149,903
2. Accident and health premiums due and unpaid (Line 13).....	1,417,733		1,417,733
3. Amounts recoverable from reinsurers (Line 14.1).....	219,374		219,374
4. Net credit for ceded reinsurance.....	XXX	219,374	219,374
5. All other admitted assets (Balance).....	3,055,345		3,055,345
6. Total assets (Line 26)	56,842,355	219,374	57,061,729
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	16,617,236	0	16,617,236
8. Accrued medical incentive pool and bonus payments (Line 2).....	274,340		274,340
9. Premiums received in advance (Line 8).....	17,388,810		17,388,810
10. Reinsurance in unauthorized companies (Line 18).....	0		0
11. All other liabilities (Balance).....	2,237,473		2,237,473
12. Total liabilities (Line 22).....	36,517,859	0	36,517,859
13. Total capital and surplus (Line 31).....	20,324,496	XXX	20,324,496
14. Total liabilities, capital and surplus (Line 32)	56,842,355	0	56,842,355
NET CREDIT FOR CEDED REINSURANCE			
15. Claims unpaid.....	0		
16. Accrued medical incentive pool.....	0		
17. Premiums received in advance .....	0		
18. Reinsurance recoverable on paid losses .....	219,374		
19. Other ceded reinsurance recoverables .....	0		
20. Total ceded reinsurance recoverables .....	219,374		
21. Premiums receivable .....	0		
22. Unauthorized reinsurance .....	0		
23. Other ceded reinsurance payables/offsets .....	0		
24. Total ceded reinsurance payable/offsets .....	0		
25. Total net credit for ceded reinsurance	219,374		

Schedule Y - Part 2

NONE



SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |   | Responses     |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | .....YES..... |
| 2. Will an actuarial opinion be filed by March 1?   | .....YES..... |
| 3. Will the Risk-based Capital Report be filed with the NAIC by March 1?                      | .....YES..... |
| 4. Will the Risk-based Capital be filed with the state of domicile, if required by March 1?   | .....YES..... |

APRIL FILING

- |   |               |
|---|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? | .....YES..... |
| 6. Will the Investment Risks Interrogatories be filed by April 1? | .....YES..... |

JUNE FILING

- |   |               |
|---|---------------|
| 7. Will an audited financial report be filed by June 1? | .....YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- |   |              |
|---|--------------|
| 8. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | .....NO..... |
| 9. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?                          | .....NO..... |
| 10. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC?            | .....NO..... |
| 11. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?            | .....NO..... |

APRIL FILING

- |  |              |
|--|--------------|
| 12. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile by April 1?         | .....NO..... |
| 13. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?              | .....NO..... |
| 14. Will the Supplemental Property/Casualty data due April 1 be filed with the state of domicile and the NAIC? | .....NO..... |

EXPLANATION:

8.
9.
10.
11.
12.
13.
14.

BAR CODE:

- |     |  |
|-----|--|
| 8.  | <br>9 5 4 0 2 2 0 0 5 3 6 0 5 8 0 0 0 |
| 9.  | <br>9 5 4 0 2 2 0 0 5 2 0 5 0 0 0 0 0 |
| 10. | <br>9 5 4 0 2 2 0 0 5 2 0 7 0 0 0 0 0 |
| 11. | <br>9 5 4 0 2 2 0 0 5 4 2 0 0 0 0 0 0 |
| 12. | <br>9 5 4 0 2 2 0 0 5 3 3 0 5 8 0 0 0 |
| 13. | <br>9 5 4 0 2 2 0 0 5 2 1 1 5 8 0 0 0 |
| 14. | <br>9 5 4 0 2 2 0 0 5 2 1 3 0 0 0 0 0 |

OVERFLOW PAGE FOR WRITE-INS

M002 Additional Aggregate Lines for Page 02 Line 23.  
\*ASSETS - Assets

	1	2	3	4
	Assets	Nonadmitted Assets	Net Admitted Assets (Cols. 1 – 2)	Net Admitted Assets
2304. Contributions Receivable.....	184,783	184,783	0	0
2397. Summary of remaining write-ins for Line 23 from Page 2	184,783	184,783	0	0

M004 Additional Aggregate Lines for Page 04 Line 6.  
\*REVEX1 - Statement of Revenue and Expenses

	1 Uncovered	2 Total	3 Total
0604. Pharmacy Rebates.....	XXX	571,566	848,374
0697. Summary of remaining write-ins for Line 6 from Page 04	XXX	571,566	848,374

M016 Additional Aggregate Lines for Page 16 Line 23.  
\*EXNONADMIT - Exhibit of Nonadmitted Assets

	1 Current Year Total Nonadmitted Assets	2 Prior Year Total Nonadmitted Assets	3 Change in Total Nonadmitted Assets (Col. 2 – Col. 1)
2304. Contributions Receivable.....	184,783	0	(184,783)
2397. Summary of remaining write-ins for Line 23 from Page 16	184,783	0	(184,783)

OVERFLOW PAGE FOR WRITE-INS

M007 Additional Aggregate Lines for Page 07 Line 05.  
\*ANAOPS - Analysis of Operations by Lines of Business

	1	2	3	4	5	6	7	8	9	10	11	12	13
	Total	Comprehensive (Hospital & Medical)	Medicare Supplement	Dental Only	Vision Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Stop Loss	Disability Income	Long-Term Care	Other Health	Other Non-Health
0504. Pharmacy Dividends.....	571,566							571,566					
0597. Summary of remaining write-ins for Line 5 from page 7	571,566	0	0	0	0	0	0	571,566	0	0	0	0	